

CLAIMS ONLY							Application Number 10/664463		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/		51					
2		/		/		/	52					
3		/		/		/	53					
4		/		/		/	54					
5		/		/		/	55					
6		/		/		/	56					
7		/		/		/	57					
8	/		/		/		58					
9		/		/		/	59					
10		/		/		/	60					
11		/		/		/	61					
12		/		/		/	62					
13		/		/		/	63					
14		/		/		/	64					
15	/		/		/		65					
16		/		/		/	66					
17		/		/		/	67					
18		/		/		/	68					
19		/		/		/	69					
20		/		/		/	70					
21		/		/		/	71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3		3		3		Total Indep					
Total Depend	18		18		18		Total Depend					
Total Claims	21		21		21		Total Claims					

BEST AVAILABLE COPY